CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report only if aggregate receipts, expenditures, or liabilities incurred each did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED	<u> </u>	
NAME OF FILING COMMITTEE, CAN	DIDATE OR LOBBYIST	ON BEHALF OF	CANDIDATE	COMMITTEE LOBBYIST
COMMIT	THE TO LET EQUA	as wilson		
914	Rezo ST.			\$100 miles (100 miles)
ERIE		STATE A	ZIP C	ODE -
TYPE OF REPORT N (CHECK ONE)	AME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	DATE OF ELECTION
6TH TUESDAY 1.	06-1-02	4	DEM	MO. DAY YEAR 11 2 21
PRE-PRIMARY 2ND FRIDAY PRE-PRIMARY 3.	DATES OF REPORTING PERIOD // 23 2/ TO	MO. DAY YEAR 12 31 21		FOR OFFICE USE ONLY
30 DAY POST-PRIMARY 6th tuesday PRE-ELECTION 5.	CASH BALANCE AT END OF REPORTING PERIOD: TOTAL AMOUNT OF FILER'S	\$ 2.754	!51	
2ND FRIDAY PRE-ELECTION	OUTSTANDING DEBTS OR LIABILITY AT THE END OF REPORTING PERIO	ES	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1	
30 DAY POST-ELECTION	AMENDMENT YES	NO X		
ANNUAL 7.	TERMINATION YES	NO X		
	AFFID	AVIT SECTION		
statement is filed on t	pehalf of a <u>Political Committee or Ca</u> behalf of a <u>Candidate</u> , the Candidate behalf of a <u>Contributing Lobbyist</u> , the	Must sign here. Lobbyist must sig	n here.	
SWORN TO AND SUBSC	11 DOCERNO (0200,00) AND THIS REPORT IS, 10	THE BEST OF MY KNOWLED	GE AND BELIEF FRU IRE OF PERSON SU IA FE	E, CORRECT AND COMPLETE.
MY COMMISSION EXPIRE	SIGNATURE SMO. DAY YR.	8 /4 AREA CODE	PRINTED NAI	HI 40 TELEPHONE NUMBER
ART II - statement is filed on b	ehalf of a <u>Candidate's Authorized C</u>	ommittee, Candida	ate must sign h	nere.
I SWEAR (OR AFFIRM) THE JUNE 3, 1937 (P.L. 13	AT TO THE BEST OF MY KNOWLEDGE AND BELIEF THIS 33, No. 320) AS AMENDED.	S POLITICAL COMMITTEE HA	49 NOT VIOLATED AN	Y PROVISIONS OF THE ACT OF
SWORN TO AND SUBSCE	RIBED BEFORE ME THIS	/	SIGNATURE OF CAL	NOIDATE
DAY OF	20	Enur	Mill I I	SON
MY COMMISSION EXPIRE		84 AREA CODE	PRINTED NAM HAG DAYTIME T	ELEPHONE NUMBER
	MO. DAY YR,		-ritinite (THE HOME MUNICIPAL



Unsworn Declaration in Lieu of Sworn Statement for Campaign Finance Reports

Note: Per Act 2020-15, which was signed into law on April 20, 2020 and allows for unsworn declarations, Campaign Finance Reports (form DSEB-502), Campaign Finance Statements in lieu of full reports (form DSEB-503), Non-Bid Contract Reporting Form (DSEB-504) and Independent Expenditure Reports (form DSEB-505) need not be notarized. Instead, the filer may file with each report or statement the corresponding version of this form signed by the required individual(s). This particular form is to be used only for Campaign Finance Reports. This form must be signed by hand where a signature is required.

Name of Filing Reporting Cycle		didate, or Lobby	ist		
☐ Cycle 1 6 th Tuesday Pre-Primary	☐ Cycle 2 2 nd Friday Pre-Primary	☐ Cycle 3 30 Day Post Primary	□ Cycle 4 6 th Tuesday Pre-Election		Cycle 5 2 nd Friday Pre-Election
☐ Cycle 6 30 Day Post-Election	Cycle 7 Annual Report	☐ Cycle 8 2 nd Friday Pre-Special Election		☐ Cycle 9 30 Day Post-Special Election	

Part I - If this form is submitted with a Committee report, the treasurer must sign here. If this form is submitted with a Candidate report, the candidate must sign here. If this report is submitted with a report by a contributing lobbyist, the lobbyist must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying/Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

MH ITEENEY

Drinted Name

Location (City/State/Country)



Pennsylvania Department of State

Bureau of Campaign Finance & Civic Engagement 210 North Office Building, Harrisburg, PA 17120 • 717.787.5280 (Option 4) www.dos.pa.gov/campaignfinance • ra-stcampaignfinance@pa.gov

Part II - If this form is submitted with a report by a Candidate's Authorized Committee, the candidate must sign here.

I declare under penalty of perjury under the law of the Commonwealth of Pennsylvania that the accompanying Campaign Finance Report is true and correct.

Signature of Treasurer, Candidate, or Lobbyist

Date (DD/MM/YYYY)

EDWAN WK SON

Date (DD/MM/YYYY)

Printed Name Location (City/State/Country)